

# NEW MOTOR VEHICLE REPORTING SYSTEM (MVRS) TRAINING PRESENTATION



# MVRS Highlights

- Improved screen flow
- Enhanced Causal factors. Incorporates Human Factors Analysis and Classification System (HFACS)
- New module not used for entering:
  - Off-Road Vehicle mishaps (ATV, Dirt Bikes, etc)
  - Tactical Vehicle Mishaps
- Use previous WESS version for off-road and tactical vehicles



## Select Subsystem

[Help](#)

### Activity Menu

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5102 Mishaps  
5102 Hazards



5102 Private/Govt Vehicle Mishaps only. (For Off-road and Tactical Vehicles select 5102 Mishaps located above)  
WAMHRS 3750 Hazards  
WAHMRS 3750 Mishaps

After WESS log-in, select this box to be redirected to the Motor Vehicle Reporting System.

For a class A or B MV Initial Notification, click “Start” button and select “MV Initial Notification”.

My Workspace

Action Items	Report list																																																																										
<div><div>Initial Notifications (59)</div><div>Draft (102)</div><div>Shared (22)</div><div>Edit Submitted (5)</div><div>Routed For Review</div><div>Rejected by Routing Chain (1)</div><div>Rejected by QA</div><div>Misrec/Hazrec (8)</div><div>Aviation QA</div><div>Delete Approval</div><div>QA Initial Notifications</div><div>Consolidated QA (5)</div><div>Endorsements</div><div>Notifications</div></div>	Local Serial	Event Date	Severity	Reporting Unit	Short Narrative		2010-08-31		N63393			2010-09-15	H	N63393	shorty		2010-09-21		N63393			2010-09-22	H	N63393	2921 Draft		2010-10-22		N63393	There was a problem		2010-12-09		N63393			2011-01-06		N63393			2010-08-09		N63393			2010-08-10	A	N63393			2010-08-11		N63393			2010-08-11		N63393			2010-08-17		N63393			2010-08-19		N63393			2010-08-19		N63393	
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- Desktop
- Crud Tester
- Initial Notification
- Aviation Mishap/Hazard Entry
- MV Initial Notification**
- Motor Vehicle Mishap Entry
- Chain of Command (UIC) Query/Maintenance
- Acft Model Table Update
- Search/Edit
- My Workspace
- Account Maintenance
- Pre-formatted Reports
- Log off

Initial Notification required only for a class A or B mishap. For events less severe than class B select Motor Vehicle Mishap Entry on the “start” menu.

Start

# Class A/B Initial Notification

All boxes are required to have an entry

Choose 1:  
• Fatality  
• Perm Total Disability  
• Perm Partial Disability  
• 3 or more hospitalizations  
• >200,000 govt prop damage

Motor Vehicle Initial Notification

Mishap Classification:

Government or Private Vehicle?: ☐ Government ☐ Private

Number of wheels: ☐ 2 ☐ 4 or more ☐ Pedestrian

Mishap Date:

Mishap Time:

Local Serial Number:

Country / State:

City:

Short Summary (100 char):

POC First Name:

POC Last Name:

POC Email:

POC Phone:

Command Submitting Report:

Victims UIC/RUC/MCC:

Mishap Victim Command Name:

Injury / Fatality Counts (Totals)

	Fatalities	Permanent Total Disabilities	Permanent Partial Disabilities	Hospitalized
Navy Military	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Navy Civilian	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Marine Military	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Marine Civilian	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Submit

Auto populated from log-in information. User may edit if required

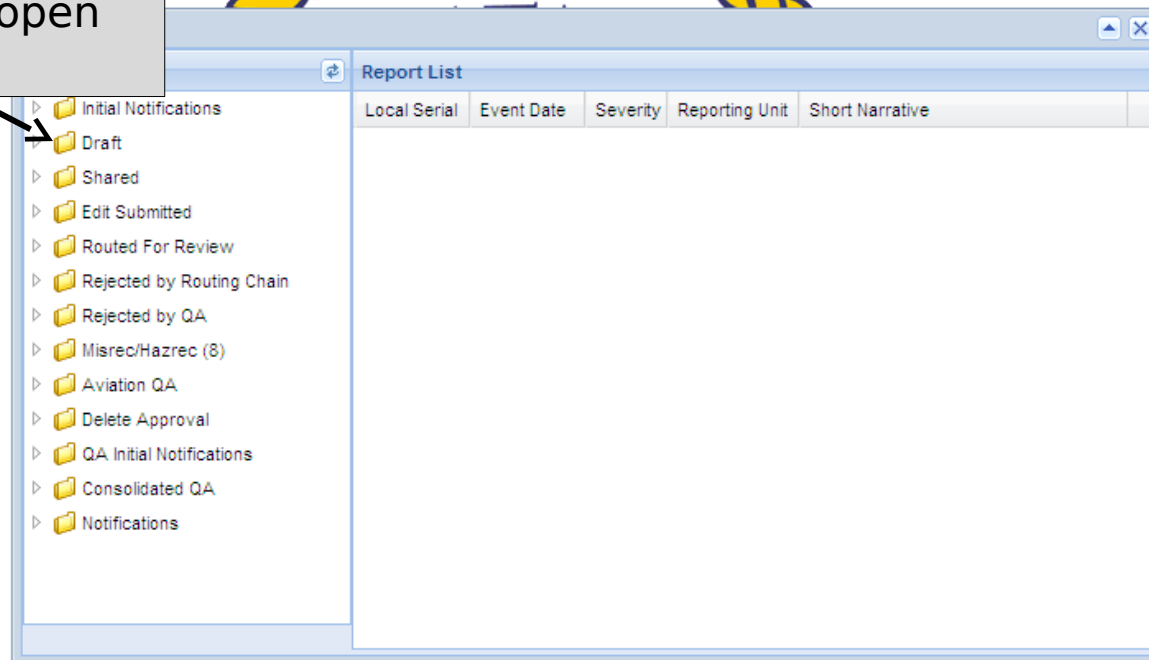
Enter victims UIC

Auto populated from victims UIC

Fatality/Injury Counts - Type in appropriate numbers

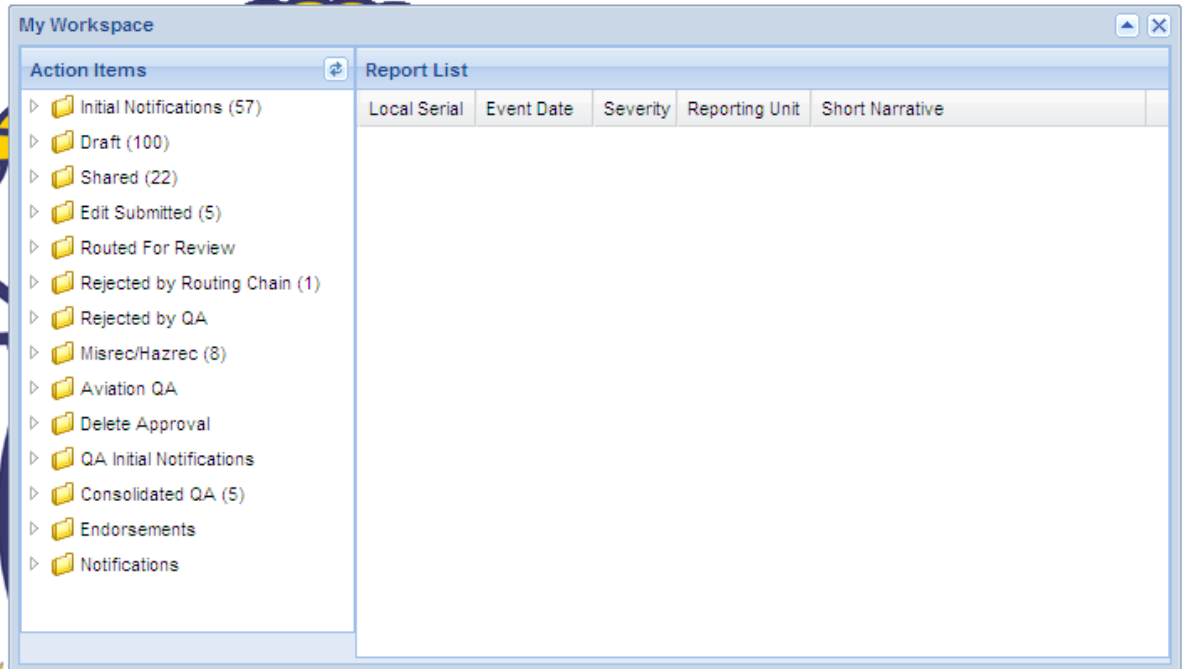
Hit submit after all data is entered

To update your class A/B initial notification and submit a final report or to modify reports that have not yet been submitted to NSC open draft folder.



EST. 1951

To enter a new class C or D motor vehicle report click the start button then select Motor Vehicle Mishap Entry.



- Desktop
- Crud Tester
- Initial Notification
- Manage CADS
- Aviation Mishap/Hazard Entry
- MV Initial Notification
- Motor Vehicle Mishap Entry**
- Chain of Command (UIC) Query/Maintenance
- Acft Model Table Update
- Search/Edit
- My Workspace
- Account Maintenance
- Pre-formatted Reports
- Injury Data Feeds
- Log off

Start

Report Actions ▼ Report PDFs ▼

- General Information
- Entry Screens
  - General Information
  - Point of Contact
  - Environment
  - Location
  - Authorized Drafters
- Involved Vehicle
- Involved Personnel
- Factors / Recommendations
- Validation

Reporting Activity  
UIC/MCC/RUC:

Mishap Narrative:

Who? What? Why?

Was DOD  
property  
damaged?:

☐ Yes ☐ No

If yes you will need  
the damage cost.

Was NON-DOD  
property  
damaged?:

☐ Yes ☐ No

Date of Mishap:

Time of Mishap  
(Military Time):

Local Serial  
Number:

Brief Narrative:

Alcohol Involved?:

☐ Yes ☐ No ☐ Unknown

Drugs Involved?:

☐ Yes ☐ No ☐ Unknown

Safety  
Investigation

☐ Yes ☐ No ☐ Unknown

Board Involved?:

Short  
narrative here.  
100 character  
limit.

Type a very  
detailed  
narrative  
here.



- ⏮
- General Information
- Entry Screens
- General Information
  - Point of Contact
  - Environment
  - Location
  - Authorized Drafters
- Involved Vehicle +
- Involved Personnel +
- Factors / Recommendations +
- Validation +

First Name:

MI:

Last Name:

Rank:

Rating:

MOS:

Grade:

Parent UIC/MCC/RUC:  🔍

Phone Number:

DSN:

Email:  !

WESS will auto-populate most of this from your log-in information. You can manually change if required.

Report Actions ▾ | Report PDFs ▾

General Information

Entry Screens

- General Information
- Point of Contact
- Environment
- Location
- Authorized Drafters

Involved Vehicle +

Involved Personnel +

Factors / Recommendations +

Validation +

Describe type of field/road surface:

Select type(s) of Environment/Road Conditions:

Select any road surface defects:

Describe contour/design:

Posted speed limit at the site of the mishap:

Select type(s) of Traffic Conditions:

0 items selected

- ☐ ALTERNATE PATTERNS
- ☐ BACKED UP
- ☐ CONSTRUCTION
- ☐ HEAVY TRAFFIC
- ☐ LIGHT TRAFFIC
- ☐ MEDIUM TRAFFIC
- ☐ NORMAL
- ☐ OTHER
- ☐ RUSH HOUR

Text entry

Blue colored box allows multiple items for selection

Clear boxes allow only 1 item for selection

Traffic Control (Click Row to Edit)

+ Add - Remove

Traffic Control	Traffic Control Function	Was Traffic Control Visible?

If traffic controls (e.g. stop sign) were involved, you may add them by clicking here. If none were involved in the mishap, you may skip this section.

Report Actions ▾ Report PDFs ▾

General Information ▾

Entry Screens

- General Information
- Point of Contact
- Environment
- Location
- Authorized Drafters

Involved Vehicle +

Involved Personnel +

Factors / Recommendations +

Validation +

Describe type of field/road surface: Input Describe type of field/road surface ▾

Select type(s) of Environment/Road Conditions: 0 items selected ▾

Select any road surface defects: Input Select any road surface defects ▾

Describe contour/design: Input Describe contour/design ▾

Posted speed: Input Posted speed limit at the site of the line ▾

( Empty )

- CAUTION LIGHT
- FLAGMAN
- OTHER
- RAILROAD AUTOMATIC SIGNAL
- RAILROAD CROSSING GATE
- SPEED LIMIT SIGN
- STOP SIGN**
- TEMPORARY WARNING DEVICE (FLAG)
- TRAFFIC LIGHT
- TRAFFIC POLICEMAN
- UNKNOWN
- WARNING SIGN (CURVE IN ROAD, ETC)
- YIELD SIGN

Select type(s) of Traffic Conditions: 0 items selected ▾

- ☐ ALTERNATE PATTERNS
- ☐ BACKED UP
- ☐ CONSTRUCTION
- ☐ HEAVY TRAFFIC
- ☐ LIGHT TRAFFIC
- ☐ MEDIUM TRAFFIC
- ☐ NORMAL
- ☐ OTHER
- ☐ RUSH HOUR

Traffic Control Function ▾ Was Traffic Control Visible? Unknown ▾

Save Cancel Delete

After selection of stop sign, answer traffic control function and whether the stop sign was visible. Then hit save.

Save Validate Previous Next

- ⏮
- General Information
- Entry Screens
  - General Information
  - Point of Contact
  - Environment
  - Location
  - Authorized Drafters
- Involved Vehicle +
- Involved Personnel +
- Factors / Recommendations +
- Validation +

Did mishap occur on a Govt Installation? ☒ Yes ☐ No

Country / State:

City:

County:

Township:

Road/Street:

Interstate:

Route Designation:

UIC of Govt installation where mishap occurred:

Mishap's location in relation to roadway:

Only appears if mishap occurred on govt installation.



## Authorized Drafters



## General Information

## Entry Screens

General Information

Point of Contact

Environment

Location

Authorized Drafters

Involved Vehicle +

Involved Personnel +

Factors / Recommendations +

Validation +

Select  
Members /  
Authorized  
Drafters:

Search Accounts by UIC, First Name or Last Name and Click Search Button 🔍



This screen allows the user to designate other individuals who may access and update this report.



Save



Validate



Previous



Next

⏪

General Information +

Involved Vehicle -

+ Add - Remove

No Vehicle

Involved Personnel +

Factors / Recommendations +

Validation +

To input information concerning involved vehicles, select the “add” button. Each mishap must have at least 1 involved vehicle.

Involved Entity	
<div>General Information +</div> <div>Involved Vehicle -</div> <div>+ Add - Remove</div> <div>Vehicle 1</div> <div>Involved Personnel +</div> <div>Factors / Recommendations +</div> <div>Validation +</div>	<div><div>Government Motor Vehicle?: <input type="radio"/> Yes <input type="radio"/> No</div><div>Vehicle Body Type: <div>MOTORCYCLES ▾</div><div>Input Vehicle Body Type ▾</div></div><div>Vehicle Year: <div>Input Vehicle Year</div></div><div>Vehicle Make: <div>Input Vehicle Make ▾</div></div><div>Vehicle Model: <div>Input Vehicle Model</div></div><div>Has vehicle been modified from the manufactures specifications?: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable <input type="radio"/> Unknown <input type="radio"/> Not Yet Reported</div><div>Indicate the status of operation of vehicle: <div>Input Indicate the status of operation ▾</div></div></div> <div><div>Direction of Travel: <div>Input Direction of Travel ▾</div></div><div>Vehicle speed when mishap occurred: <div>Input Vehicle speed when mishap occurred</div></div><div>First Impact Point: <div>Input First Impact Point ▾</div></div><div>Select type(s) of Mechanical Failure(s): <div>0 items selected ▾</div></div></div>

Re-select the “add” button to enter an additional vehicle.

Selection of vehicle body type will determine whether you will see automobile specific or motorcycle specific questions for the remainder of the application.

- <<
- General Information +
- Involved Vehicle +
- Involved Personnel -
- + Add

← Remove
- No People
- Factors / Recommendations +
- Validation +

To input information concerning people, select the “add” button.



Auto saved 1 minutes ago

Report Actions Report PDFs

General Information

Involved Vehicle

Involved Personnel

Add Remove

Person 1

- Motor Vehicle Related
- 72 Hour Profile
- Command Safety

Factors / Recommendations

Involved Person

First Name:Input First Name

Middle Initial:Input Middle Initial

Last Name:Input Last Name

SSN:Input SSN

Date of Birth:Input Date of Birth

Age:Input Age

Gender:

☐ FEMALE☐ MALE

Involved Vehicle:Vehicle 1

Were drugs (legal or illicit) used?:

☐ Yes☐ No☐ Unknown

Was alcohol used in the past 24 hours?:

☐ Yes☐ No☐ Unknown

Was individual deployed at time of mishap?:

☐ Yes☐ No☐ Unknown☐ N/A

Parent Unit Code:Input Parent Unit Code

Injury Classification:Input Injury Classification

Duty Status:OFF DUTY

Describe Person Service:

NAVY

ACTIVE

Enlisted

PO2

MACHINISTS MATE (MM)

Match person with vehicle

If yes, you will need to provide the type of drug

Rate, Pay Grade, NEC, Designator section

SaveValidatePreviousNext

Start

General Information +

Involved Vehicle +

Involved Personnel -

+ Add - Remove

Person 1

- Motor Vehicle Related
- 72 Hour Profile
- Command Safety

Factors / Recommendations +

Validation +

Involved Vehicle:

Vehicle 1 ▾

MM-4230 SSN/SSBN Auxiliary Equip Op ▾

Were drugs  
(legal or illicit)  
used?:☐ Yes ☐ No ☐ UnknownWas alcohol  
used in the past  
24 hours?:☒ Yes ☐ No ☐ Unknown

Blood Alcohol Concentration (BAC):

Did individual have previous alcohol related incidents?:

☒ Yes ☐ NoHad individual previously been  
convicted of a DUI?:☐ Yes ☐ No ☐ UnknownHad individual been to  
command Drug and Alcohol  
Program (DAPA)?:☐ Yes ☐ No ☐ UnknownHad individual attended or been  
scheduled to attend Substance  
Abuse Recovery Program  
(SARP)?:☐ Yes ☐ No ☐ Unknown

Select location(s) where alcohol was consumed:

0 items selected ▾

Was individual  
deployed at time  
of mishap?:☐ Yes ☐ No ☐ Unknown ☐ N/A

If no to alcohol in past 24 hrs, this  
will not appear.

Was alcohol used in the past 24 hours?

If no to previous alcohol incidents,  
these questions will not appear.

If you selected "alcohol involved" in the general information screen (first screen), then at least one person in the event had to have used alcohol in the past 24 hours.

Auto saved 1 minutes ago

Report Actions Report PDFs

<<

Involved Person

General Information

Involved Vehicle

Involved Personnel

Add Remove

Person 1

- Motor Vehicle Related
- 72 Hour Profile
- Command Safety

Factors / Recommendations

Validation

First Name:

Input First Name

Middle Initial:

Input Middle Initial

Last Name:

Input Last Name

SSN:

Input SSN

Date of Birth:

Input Date of Birth

Age:

Input Age

Gender:

☐ FEMALE ☐ MALE

Involved Vehicle:

Vehicle 1

Were drugs (legal or illicit) used?:

☐ Yes ☐ No ☐ Unknown

Was alcohol used in the past 24 hours?:

☐ Yes ☒ No ☐ Unknown

Was individual deployed at time of mishap?:

☐ Yes ☒ No ☐ Unknown ☐ N/A

Did mishap occur:

☒ Post-deployment ☐ Pre-deployment

Provide date mishap victim returned from deployment:

Input Date

Parent Unit Code:

Input Parent Unit Code

Injury Classification:

Input Injury Classification

Duty Status:

OFF DUTY

Describe Person Service:

NAVY

ACTIVE

Enlisted

PO2

MACHINISTS MATE (MM)

MM-4230 SSN/SSBN Auxiliary Equip Op

If yes, unknown or N/A to follow-on questions will not appear.

Were drugs (legal or illicit) used?

For post-deployment mishaps, provide the date returned

Save

Validate

Previous

Next

Start

Report Actions Report PDFs

General Information

Involved Vehicle

Involved Personnel

Add Remove

Person 1

- Motor Vehicle Related
- 72 Hour Profile
- Command Safety

Factors / Recommendations

Validation

Middle Initial:Input Middle Initial

Last Name:Input Last Name

SSN:Input SSN

Date of Birth:Input Date of Birth

Age:Input Age

Gender:☐ FEMALE☐ MALE

Involved Vehicle:Vehicle 1

Were drugs (legal or illicit) used?:☐ Yes☐ No☐ Unknown

Was alcohol used in the past 24 hours?:☐ Yes☒ No☐ Unknown

Was individual deployed at time of mishap?:☐ Yes☒ No☐ Unknown☐ N/A

Did mishap occur:  
☐ Post-deployment  
☒ Pre-deployment

Mishap occurred:  
☐ Within 30 days of deployment  
☐ Within 60 days of deployment  
☐ Within 90 days of deployment  
☐ Within 180 days of deployment

Injury Classification:Input Injury Classification

Duty Status:OFF DUTY

Describe Person Service:  
NAVY  
ACTIVE  
Enlisted  
PO2  
MACHINISTS MATE (MM)  
MM-4230 SSN/SSBN Auxiliary Equip Op

SaveValidatePreviousNext

For pre-deployment mishaps, provide the appropriate value

Report Actions Report PDFs

General Information

Involved Vehicle

Involved Personnel

Add Remove

Person 1

- Motor Vehicle Related
- 72 Hour Profile
- Command Safety

Factors / Recommendations

Validation

Type of Person: OPERATOR

Ejected From Vehicle?: ☐ Yes ☐ No

Occupant Location: LEFT FRONT

Purpose of trip: ☒ COMMUTING ☐ LEAVE ☐ LIBERTY

Did member have a motorcycle endorsement?: ☐ Yes ☐ No ☐ Unknown ☐ Not Applicable ☐ Not Reported ☐ Yes ☒ No

Did member have a driver's license?: ☐ Yes ☒ No

Did the individual attend training?: ☐ Yes ☐ No

Operator's Driving Experience (years):

Operator's Driving Experience (months):

Was a helmet worn?: ☐ Yes ☐ No ☐ Unknown

Were gloves Worn?: ☐ Yes ☐ No ☐ Unknown

Was footwear Worn?: ☐ Yes ☐ No ☐ Unknown

License (Click Row to Edit)

Add Remove

Type	Revoked?	Suspended?	Restricted?
------	----------	------------	-------------

If yes was selected then provide type of license.

IF LEAVE/LIBERTY SELECTED, YOU WILL NEED THE DATES

THESE QUESTIONS WILL NOT APPEAR FOR PASSENGERS

If an automobile was selected for vehicle body type, seat belt PPE questions will appear instead.

Save Validate Previous Next

Report Actions ▾ Report PDFs ▾

<<

General Information +

Involved Vehicle +

Involved Personnel -

+ Add - Remove

Person 1 ▾

- Motor Vehicle Related
- 72 Hour Profile
- Command Safety

+ Factors / Recommendations

+ Validation

Did member have a driver's license?:  
☐ Yes ☒ No

License (Click Row to Edit)

+ Add - Remove

Type	Revoked?	Suspended?	Restricted?
------	----------	------------	-------------

Did the individual attend training?:  
☒ Yes ☐ No

List all Training attended (Click Row to Edit)

+ Add - Remove

Course Title	Date Completed	Why Required?
--------------	----------------	---------------

If yes was selected then provide type of training.

Save Validate Previous Next

<<

General Information +

Involved Vehicle +

Involved Personnel -

Add Remove

Person 1

Motor Vehicle Related

72 Hour Profile

Injury

Command Safety

Command Component

Factors / Recommendations +

Validation +

72 Hour Profile

Hours continuous awake prior to the incident:

Input Hours cont

Hours worked in the last 24 hours:

Input Hours work

Hours continuous duty prior to the incident:

Input Hours cont

Hours worked in the last 48 hours:

Input Hours work

Hours slept in the last 24 hours:

Input Hours slept

Hours worked in the last 72 hours:

Input Hours work

Hours slept in the last 48 hours:

Input Hours slept

Amount of time traveled:

Input Amount of

Hours slept in the last 72 hours:

Input Hours slept

Travel distance:

Input Travel dista

Duration of the last sleep period:

Input Duration of

Hours between last meal and incident:

Input Hours betw

Type of last sleep:

Input Type of ▾

Screen appears only for individuals affiliated with the government. Input as many of the data fields as possible. None are required in order to submit the report.

General Information  
Involved Vehicle  
Involved Personnel  
Add Remove  
Person 1  
Motor Vehicle Related  
72 Hour Profile  
Injury  
Command Safety  
Command Component  
Factors / Recommendations  
Validation

Injury Information

Did the injury/illness result in any of the following?

Check all that apply:

- ☐ One or more Lost Work Days beyond the day of injury - (Includes SIQ, Convalescent or other leave due to injury, Hospitalization days, etc)
- ☐ Light/Limited Duty, Restricted Work or Partial Work Days (e.g. less than 1 full day) beyond the day of injury
- ☐ One or more days of Job Transfer beyond the day of injury (e.g. Transfer to desk job vs. forklift operator, medical hold, TPU, etc.)
- ☐ Medical treatment beyond first aid with or without admission to a hospital

If checked you will be asked to enter the lost work, light/limited, or job transfer start/stop days. The three different types of lost time can not overlap.

If checked you will be asked a few additional questions about the medical

If yes you will be asked the transferring command UIC.

Date of death?:

Was employee permanently transferred out of the command due to this injury?: ☐ Yes ☐ No

OSHA Classification code?:

How were you notified of the mishap?:

Was this a heat stress or cold injury?: ☐ Yes ☐ No

Were Sharps involved? (e.g needle sticks, scalpel, etc.): ☐ Yes ☐ No

Were chemical substances or toxic exposures involved?: ☐ Yes ☐ No

If yes to heat/cold, sharps or chemical injury you will be asked a few additional questions.

What body part was injured?:

Is this the primary injured body part?:  
☐ Yes ☐ No

Scroll down for more injury questions.



⏪

General Information +

Involved Vehicle +

Involved Personnel -

+ Add - Remove

Person 1

- Motor Vehicle Related
- 72 Hour Profile
- Injury
- Command Safety
- Command Component

+ Factors / Recommendations

+ Validation

What body part was injured?:

Select What body part was injured? ▾

Is this the primary injured body part?:

☐ Yes ☐ No

BLS Nature of Injury code - e.g. strain, sprain, fracture, etc.:

Select BLS Nature of Injury code - e.g. strain, sprain, fracture, etc. ▾

+ Add

is Primary	Injured Body Part	Nature of Injury

Select add for each injured body part and BLS injury code.

Event or Exposure - How was the injury produced? E.g. struck by, contact with object, falls, etc.:

Select Event or Exposure - How was the injury produced? E.g. struck by, contact with object, f ▾

BLS Source of Injury Codes - e.g. chemicals, machinery, furniture, tools, equipment, etc.:

Select BLS Source of Injury Codes - e.g. chemicals, machinery, furniture, tools, equipment, etc. ▾

Report Actions ▾ Report PDFs ▾

General Information +

Involved Vehicle +

Involved Personnel -

+ Add - Remove

Person 1

- Motor Vehicle Related
- 72 Hour Profile
- Injury
- Command Safety
- Command Component

Factors / Recommendations +

Validation +

## Command Safety

Traffic Safety Program Coordinator:

XO (or equivalent) designated as ORM PM:

Command Drug and Alcohol Program Advisor (DAPA):

Command Motorcycle Safety Representative (MSR):

Does command have a leave/liberty travel policy that sets maximum driving distance for travel? ☐ Yes ☐ No

Does command require the use of Travel Risk Planning System (TRIPS)? ☐ Yes ☐ No

Did service member complete a risk assessment? ☐ Yes ☐ No ☐ Unknown

Did supervisor review and approve the risk assessment? ☐ Yes ☐ No ☐ Unknown

Did service member follow ☐ Yes ☐ No ☐ Unknown

This screen is not required for non-governmental individuals

- <<
- General Information +
- Involved Vehicle +
- Involved Personnel -
- Add Remove
- Person 1
  - Motor Vehicle Related
  - 72 Hour Profile
  - Injury
  - Command Safety
  - Command Component
- Factors / Recommendations +
- Validation +

Command Component

Operating Forces

Echelon 2

Command:

This screen is not required for non-governmental individuals

# Human Factors Analysis And Classification System (HFACS)

- HFACS replace previous causal factors
- HFACS involve an unsafe act with preconditions for that unsafe act
  - Unsafe act = “what happened”. Example – failed to yield right of way
  - Precondition = “Why did unsafe act happen”. Example – fatigue and slippery road surface
- For the Motor Vehicle Reporting System, each factor will have one unsafe act. For the selected unsafe act, the user will then add all applicable preconditions
- If the event involved more than one factor, additional unsafe acts may be added with the appropriate preconditions

# Human Factors Analysis And Classification System (HFACS) Example

- Single car mishap. The driver was drunk and speeding.
- Factor 1:
  - Unsafe Act = Drunk-driving ( $BAC \geq .08\%$ )
  - Preconditions for unsafe act
    - Stress
    - Lack of sleep
    - Inappropriate peer pressure
- Factor 2:
  - Unsafe Act = Speeding 20-29 MPH over speed limit
  - Preconditions for unsafe act
    - Complacency
    - Overconfidence
    - Misunderstood instructions
- Note: Each factor has ONE unsafe act with multiple preconditions

Mishap #1297181839117 - Event Information

Report Actions ▾ Report PDFs ▾

Factors Recommendations

General Information +

Involved Vehicle +

Involved Personnel +

Factors / Recommendations -

Factors / Recommendations

Validation +

Factors

Factor

Factor #1

HFACS instruction and full list of HFACS

Save Validate Previous Next

This page is used to enter HFACS (Human Factors Analysis Classification System). The list of HFACS is extensive. It is important to examine the entire list of HFACS before proceeding. Click the PDF to bring up a document that contains all HFACS and a brief explanation. Once you have an idea of the unsafe acts and preconditions you desire to use, click the green button to begin.

General Information  
Involved Vehicle  
Involved Personnel  
Factors / Recommendations  
Factors / Recommendations  
Validation

## Factors



Factor

Factor #1

1: Click "Select Factor".

Select Factor:

Select Factor

Factor Narrative:

Input Factor Narrative

3: Type narrative.

2: Select **ONE** unsafe act. Click "+" to expand list.

Select a Causal Factor

☐ Text

- ⊕ ATTENTION FAILURE (5 Items)
- ⊕ DRUNK-DRIVING, BAC >= .08% (1 Item)
- ⊕ INFORMATION PROCESSING (1 Item)
- ⊕ KNOWLEDGE VIOLATION (2 Items)
- ⊕ LOST CONTROL FOR AN UNKNOWN REASON (1 Item)
- ⊕ OTHER DECISION ERROR (1 Item)
- ⊕ OTHER OUTSIDE INFLUENCE (1 Item)
- ⊕ OTHER PERCEPTUAL ERROR (1 Item)
- ⊕ OTHER SKILL BASED ERROR (1 Item)
- ⊕ OTHER VIOLATION (1 Item)
- ⊕ OUTSIDE INFLUENCE (ADDITIONAL BREAKDOWN) (8 Items)
- ⊕ PERCEPTUAL ERROR (ADDITIONAL BREAKDOWN) (7 Items)

Applies to Person:

0 items selected

☐ Person 1

4: Select the person to whom this unsafe act applies.

- ⊕ ATTITUDE (8 Items)
- ⊕ AWARENESS (6 Items)
- ⊕ COMMUNICATION (5 Items)
- ⊕ COORDINATION (2 Items)
- ⊕ DESIGN (6 Items)
- ⊕ FATIGUE (2 Items)
- ⊕ FITNESS FOR DUTY (ADDITIONAL BREAKDOWN) (7 Items)

- General Information
- Involved Vehicle
- Involved Personnel
- Factors / Recommendations
- Factors / Recommendations
- Validation

Factors Recommendations

Factors

Factor

Factor #1

Select Factor: DRUNK-DRIVING, BAC >= .08% (NO FURTHER BREAKDOWN)

Select Factor

Factor Narrative: Input Factor Narrative

Applies to Person:

1 items selected

☒ Person 1

Select all applicable preconditions that apply to the unsafe act. Remember, you may choose more than one precondition.

Select all applicable Preconditions for this Factor

☐ Text

☐ FAINTED / PASSED OUT

☒ FELL ASLEEP

☒ MEDICAL CONDITION (5 Items)

☒ MENTAL LIMITATION (4 Items)

☐ INCOMPATIBLE INTELLIGENCE/APTITUDE

☐ LIMITED EXPERIENCE/PROFICIENCY

☐ NOT FAMILIAR WITH JOB PERFORMANCE STANDARDS

☒ PRE-EXISTING PSYCHOLOGICAL DISORDER



Report Actions Report PDFs

Factors Recommendations

General Information  
Involved Vehicle  
Involved Personnel  
Factors / Recommendations  
Factors / Recommendations  
Validation

Factor

Factor #1  
Factor #2

Select Factor:

Factor Narrative:

Applies to Person:

0 items selected

Person 1

Select all applicable Preconditions for this Factor

Text

ATTITUDE (8 Items)  
AWARENESS (6 Items)  
COMMUNICATION (5 Items)  
COORDINATION (2 Items)  
DESIGN (6 Items)  
FATIGUE (2 Items)  
FITNESS FOR DUTY (ADDITIONAL BREAKDOWN) (7 Items)

Repeat the same process if there additional factors to be entered. Select the appropriate factor, apply it to the appropriate person(s), then select all applicable

After all factors have been entered, select the recommendations tab only if you have recommendations to enter. If none, you may proceed to the next page.

General Information

Involved Vehicle

Involved Personnel

Factors / Recommendations

Factors / Recommendations

Validation

Factors

Recommendations

Recommendations

+

-

Recommendation

Recommendation #1

Recommendation Narrative:

Input Recommendation Narrative

Recommendation Narrative

Recommendation Status:

Input Recommendation Status

Applies to Factors:

0 items selected

☐ Factor 1

☐ Factor 2

Each factor has to have at least one recommendation. Click the green button to begin. The recommendation is entered as text in the space provided.

You may apply the recommendation to more than 1 factor if required.

- General Information
- Involved Vehicle
- Involved Personnel
- Factors / Recommendations
- Validation
- Validation Errors

Validation Errors

Which	Error	Go to page
Person 1	First Name is Required	
Person 1	Parent Unit Code is Required	
Page: Motor Vehicle Related (1 Error)		
Person 1	Occupant Location is required	
Page: 72 Hour Profile (1 Error)		
Person 1	Travel time or travel distance must be answered.	
Page: Injury (8 Errors)		
Person 1	Sharps involved indicator is required	
Person 1	OSHA classification code is required	
Person 1	Heat/cold exposure indicator is required	
Person 1	Chemicals involved indicator is required	
Person 1	You must answer 'How were you notified of the mishap?'	
Person 1	BLS Source of Injury Code is required	
Person 1	Specific body part injured: value is required	
Person 1	Accident type: value is required	
Page: Factors / Recommendations (3 Errors)		
	Each HFAC has to have at least one precondition identified	
	Each HFAC has to be associated with at least one person	
	Each Recommendation has to be associated with at least one HFAC	

This page shows a list of required fields that must be entered prior to submission. Click on green arrow to navigate to appropriate page to fix error.

Click “validate” on bottom of page to begin validation.

Report Actions ▾

Report PDFs ▾

Save Report

Route Report

Release Report

Accept Report

Reject Report

Delete Report

Validation Errors

Validation Errors

Which

Error

Go to page

If there are no validation errors, the report may be released to the Safety Center.

No Validation Errors Found

Save

Validate

Previous

Next

- General Information +
- Involved Vehicle +
- Involved Personnel +
- Factors / Recommendations +
- Validation -
- Validation Errors

## Validation Errors

Which

Error

Go to page

To extract a PDF copy of your report, you may click here at any time during mishap entry.

## Routing Chain Members

- General Information +
- Involved Vehicle +
- Involved Personnel +
- Factors / Recommendations +
- Routers -
- Routing Chain Members
- Validation +

The routing function will allow you to send your report to another person or persons for review prior to release.

Select Routing  
Chain Members:

Hobbs

Type the name of the  
WESS account holder  
who will review your  
report in the search  
area.

Report Actions ▾ | Report PDFs ▾

Routing Chain Members

General Information +

Involved Vehicle +

Involved Personnel +

Factors / Recommendations +

Routers -

Routing Chain Members

Validation +

Select Routing Chain Members:

Hobbs

Hobbs, Edward CIV

Hobbs, Edward CIV

Select the name, then use the arrow key to add him/her to the routing chain.

Save Validate Previous Next

Report Actions ▾ Report PDFs ▾



## Routing Chain Members

General Information +

Involved Vehicle +

Involved Personnel +

Factors / Recommendations +

Routers -

Routing Chain Members

Validation +

Select Routing  
Chain Members:

Hobbs



1. Hobbs, Edward CIV

The person selected is  
now the first in the  
routing chain.

Save

Validate

Previous

Next



- Save Report
- Route Report
- Release Report
- Accept Report
- Reject Report
- Delete Report

Routing Chain Members

Validation

## Routing Chain Members

Select Routing  
Chain Members:

Search Accounts by UIC, First Name or Last Name and Click Search Button



Multiple people may be added to the routing chain if desired. When ready to route the report, select "Route Report".

1. Hobbs, Edward CIV
2. Battedive, Glenda CIV

No Search Results Found

Save

Validate

Previous

Next

- <<
Routing Chain Members
- General Information +
- Involved Vehicle +
- Involved Personnel +
- Factors / Recommendations +
- Routers -
- Routing Chain Members
- Validation +

## Routing Chain Members

Select Routing  
Chain Members:

Search Accounts by UIC, First Name or Last Name and Click Search Button



## Reason

Please enter your justification:

OK

Cancel

1. Hobbs, Edward CIV
2. Battedive, Glenda CIV

Enter a brief note for the person in the routing chain then select "OK".



Save



Validate



Previous



Next

My Workspace

Action Items

- Initial Notifications (216)
- Draft (125)
- Shared (14)
- Edit Submitted (8)
- Routed For Review (1)
  - Consolidated (1)
- Rejected by Routing Chain (1)
- Rejected by QA (2)
- Misrec/Hazrec (12)
- Aviation QA
- Delete Approval (3)
- QA Initial Notifications
- Consolidated QA
- Endorsements (3)
- Notifications (1)

Report List

Local Serial	Event Date	Severity	Reporting Unit	Short Narrative
--------------	------------	----------	----------------	-----------------

The report will appear in this folder for the first person in the routing chain.

Report Actions

Report PDFs

Save Report

Route Report

Release Report

Accept Report

Reject Report

Delete Report

Routing Chain Members

Validation

Report Actions

Routing Chain Members

Select Routing Chain Members:

Search Accounts by UIC, First Name or Last Name and Click Search Button

1. Hobbs, Edward CIV \*\*Current\*\*

2. Battedive, Glenda CIV

After reviewing the report, the individual may route it to the next person in the chain, or release it to the Safety Center. He may also reject the report back to the original drafter with desired changes.

Save

Validate

Previous

Next

My Workspace

Action Items

- Initial Notifications (216)
- Draft (125)
- Shared (14)
- Edit Submitted (8)
- Routed For Review
- Rejected by Routing Chain (2)
  - Aviation (1)
  - Consolidated (1)
- Rejected by QA (2)
- Misrec/Hazrec (12)
- Aviation QA
- Delete Approval (3)
- QA Initial Notifications
- Consolidated QA
- Endorsements (3)

Report List

Local Serial	Event Date	Severity	Reporting Unit	Short Narrative
--------------	------------	----------	----------------	-----------------

If the report is rejected back to the original drafter, it will appear here.